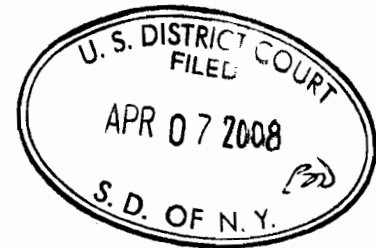


DOC # 653



IN THE UNITED STATES DISTRICT COURT  
FOR THE NEW YORK SOUTHERN DISTRICT

USDS SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 4/14/08

United States  
Respondant

v.

Case No. (S5)05CR774-01 (KMW)

Matthew Ianniello  
Defendant

Motion For Court's Recommendation  
For Six Month Community Custody

Comes Now, Matthew Ianniello (Petitioner), Pro Se, before this Honorable Court, and presents his motion for the court's recommendation for Community Custody (Home Confinement).

SENTENCE

On April 16, 2007, Mr. Ianniello was sentenced to a term of 18 months confinement with three years supervised release. With a statutory release date projected for April 3, 2009 and an eligible Community Custody Date of October 2008.

REQUEST

Your Petitioner humbly asks this court for just a recommendation that he receive Community Custody (home confinement) beginning October 2008 due in part to the Petitioner's deteriorating health conditions which are becoming extreme.

HEALTH

The Petitioner's health has deteriorated to the point that his speech has been affected as to where he no longer can properly communicate his needs. The Petitioner no longer is able to dress himself, shower, go to the toilet, or perform other basic daily duties without assistance. The Petitioner has been ranked at a high care level by the Bureau Of Prisons. (see all attached documentation)

Case No. S505CR774-01

Matthew Ianniello  
Matthew Ianniello

SUMMARY

The Petitioner has family (wife, son) that are more than willing to accept the responsibility for his care at home. Also, Petitioner will be responsible for all monitoring and health costs. The Petitioner would like to note that he is not asking for any type of early release only that when he reaches his half way house eligibility date in October 2008 that he be recommended for Community Custody (home confinement). Petitioner would greatly appreciate a recommendation from this honorable court.

CONCLUSION

The Petitioner is 87 years old and in failing health and presents no threat to the community. The Petitioner prays this honorable court will recommend Community Custody (home confinement) so that he may spend what time he may have left with his family.

The Petitioner would like to thank this honorable court in advance for its time and consideration.

Respectfully Submitted,

*The Court denies the  
defendant's motion,  
because the Court has  
the authority to grant  
it only upon motion of  
the Bureau of Prisons.  
18 U.S.C. § 3582(c)(1)(A)(i)*

Matthew Ianniello  
Matthew Ianniello

4-14-08  
SO ORDERED, N.Y., N.Y.  
Kimba M. Wood  
KIMBA M. WOOD  
U.S.D.J.

December 6, 2007

From: Matthew Ianniello  
Reg. No. 10212-016  
Wake Unit (B)  
L.S.C.I. @ Butner  
P.O. Box 999  
Butner, N C 25709-0999

To: Division Director  
Division Of Accreditation Operations  
Office of Quality Monitoring  
Joint Commission of Accreditation of Health Care Organization  
One Renaissance Blvd.

Dear Director:

I am writing you with both my hopes and concerns, trusting that what your "Public Notice" as posted in U.S. Federal Prisons states, can be relied upon. I am currently housed @ L.S.C.I. @ Butner. I was recently transferred here from the Federal medical Center @ Butner. The transfer itself, is an deliberate act of indifference towards my health conditions.

#### Medical History

I am an eighty-seven year old white male with an extensive history of medical complications. These complications consist of:

- 1 Pacemaker that must be checked monthly
- 2 Prostate Cancer
- 3 Multiple T.I.A.s (Transient Ischemic Attacks)
- 4 Spinal Stenosis
- 5 Chronic Renal Insufficiency with Anemia

(continued on next page)

**Medical History (contd.)**

6 Macroglossia

7 Hypertension associated with Coronary Artery Disease, and Congestive Heart Failure

8 Diabetes, diet controlled

9 Peripheral Vascular Disease

10 Memory Loss

**Medications**

1 Clopidogrel

7 Simvastatin

2 Furosemide

8 Tiotropium

3 Folic acid

9 Fluticasone Prop

4 Docusate

10 Albuterol Inhaler

5 Lisinopril

11 Nitroglycerin

6 Aspirin

12 Neurontin 100 mg.

While at the F.M.C. @ Butner, I was told that I would be transferred. I was also told that all my health concerns could, and would be accommodated. As to date, I have not seen a doctor or a P/A. The conditions here are far below the standards of the F.M.C.. For instance, I must go out in the cold to retrieve my meals and medications, when I recently have been treated for pneumonia. At the F.M.C. I was in a climate-controlled room that would help prevent sickness and infection, but here the air-conditioner runs continually.

I've asked my attorney, who's office is in New York, to come here so we could discuss my issues and concerns. I hope that we can come to an informal resolution to these problems; that you would understand my situation and allow me to return back to the F.M.C. @ Butner, where I would receive hands

(516) 745-0303

MATTHEW IANNIELLO  
10212-016

Fax (516) 745-0588

516-745-0303

DR. SHELDON ZUCKERMAN  
DR. ALBERT J. FERRARA  
DR. ELIZABETH G. MIRRO

APRIL, 2007 1103 Stewart Avenue • Suite 210 • Garden City, NY 11530

Board Certified in Internal Medicine  
Diplomates of the American Board of Internal Medicine

Re: Matthew Ianniello  
SS# 063-14-8370

Dear Doctor,

As you will be caring for my patient, I would like to summarize Mr. Ianniello's complex medical history for you.

Past Medical History

Cardiac-

Hypertension  
Triple Vessel CABG 8/2000@ St. Francis Hospital

Vascular-

Cardiac Cath 8/2000-all grafts open  
CHF- EF 40% by echo, no significant vascular disease  
Paroxysmal AFIB- Post-op CABG 2000  
Permanent pacemaker 11/06 for his-purkinje disease  
Chronic lower extremity edema

Neuro

TIA's  
Meningioma at skull base compressing CN XII and causing tongue deviation /  
dysarthria

Endocrine

Diet controlled DM  
Hypercholesterolemia  
Diabetic Neuropathy

Pulmonary

Asbestosis  
Severe asthma

Case 1:05-cr-00774-KMW Document 654 Filed 04/14/08 Page 7 of 28  
MAY-08-2004 02:22 PM 11:22 AM  
Page: 004 R=96%  
on medical treatment by my assigned health-care providers.

Conclusion

I consider all my medical issues and concerns sufficient to warrant a transfer back to the F.M.C. @ Butner. There is no confusion, and the facts are clear, that, given my age and medical history, I should not be housed at the L.S.C.I., BUT INSTEAD AT THE FEDERAL MEDICAL CENTER @ BUTNER.

Respectfully submitted,



Matthew Ianniello  
Reg. No. 10212-016  
L.S.C.I. @ Butner  
P.O. Box 999  
Butner, N C 25709-0999

MATTHEW IANNIELLO  
10212-016

Vascular

IVC Filter 2004 for DVT.

Renal

CRI with creatinine 1.5 baseline

Intolerant to ACE Inhibitor's or ARB's secondary to Azotemia.

Rheumatologic

Osteoarthritis

Rheumatoid arthritis

Severe cervical and lumbar spondylosis with spinal stenosis

GOUT

GU

Prostate carcinoma s/p seed placement

Past surgical history

T&A as child

CABG x 3V 2000

Prostate seeds

Allergies

Pravachol-Rhabdomyolysis

Medications

Lupron Depot Q 3 months

ASA 81mg QD

SL NTG 1/150 prn

Albuterol MDI prn

Advair 50/500 1 puff BID

Lasix 80mg QD

Lipitor 10mg QD

Singulair 10mg QD

Plavix 75mg 1/2 tab QD

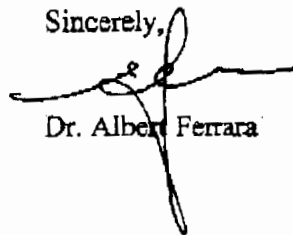
Spiriva 1 puff QD

Neurontin 100mg BID

Flomax .4mg QHS

If you require and clinical data or medical information regarding Mr. Ianniello, please do not hesitate to contact me at the above numbers.

Sincerely,



Dr. Albert Ferrara



Tracy Christ - Re: 5A/ 5D night ICP's

Page 1

**From:** Dante Smith  
**To:** Cassidy Brown  
**Date:** 8/9/2007 3:20:57 PM  
**Subject:** Re: 5A/ 5D night ICP's

Thank you for the list. I will follow-up with the ICP's and be sure to have the named inmates as primary recipients for their assistance. If you think of any more inmates or as they are assigned to your floor, please let me know, so we can continue this form of communication.

>>> Cassidy Brown 8/9/2007 2:49 PM >>>

The following inmates on 5A/ 5D need ICP assistance 24 hours a day.

Rick, William #41709-048 - 5118  
Lowery, Melvin #14266-001 - 5411  
Strickland, Willie #15240-056 - 5433  
Weeden, Larry #20898-076 - 5405  
Crawford, Antoine # 21878-057 - 5111  
Grassie, Walter #15059-051 - 5406  
Ianniello, Matthew #10212-016 - 5114  
Robinson, George #10928-042 - 5120  
McCrary, Willie #48749-018  
Butler, Charles #23883-037 - 5403  
Kirksey, Jack #41557-074 - 5108  
Jacobs, James #18511-056 - 5130  
Oliver, Alphonso #24209-016 - 5424

Thank you.  
C. Brown, RN

**CC:** Deborah Ivey; Matthew Clemons; Tracy Christ

GANESH KUMAR, M.D., FACP, MBA  
MADHU KORRAPATI, M.D.  
YELENA ROSENBERG, M.D.

VINCENT AVILA, M.D.  
MARIO MAROTTA, M.D.  
BINNY KOSHY, M.D.

ANDREY GONCHARUK, M.D.  
CHRISTOPHER CAPUTO, M.D.  
EDUARD BOVER, D.O.

ALL PHYSICIANS DIPLOMATES IN INTERNAL MEDICINE & NEPHROLOGY

August 21, 2006

To Whom It May Concern:

**Re: Matthew Ianniello**  
**DOB: 6/18/1920**  
**AGE: 86**  
**Consult: 8/21/06**

This is an eighty-six year old white male who has been followed up in my office for the last two years. He has multiple medical problems including congestive heart failure with hypertension. He also has chronic obstructive pulmonary disease and chronic renal insufficiency with anemia. The patient also has diabetes with severe peripheral vascular disease. The patient also has a history of spinal stenosis. The patient has been feeling weak and tired recently and has been more short of breath with dyspnea on exertion. He was advised to increase the Lasix to 80 mg twice a day with some improvement. He is also on Singulair and Spiriva for the COPD. The patient was last seen in the office on the August 16, 2006. He has problems with urinary flow and was advised to start the Flomax and has been feeling better ever since. His peripheral neuropathy also showed some improvement with the Neurontin twice a day.

**Active Medical Problems:**

1. Hypertension associated with coronary artery disease and congestive heart failure.
2. Chronic obstructive pulmonary disease.
3. Diabetes, diet controlled with peripheral vascular disease.
4. Chronic renal insufficiency with anemia.
5. Prostate cancer.
6. Multiple TIAs (transient ischemic attacks).
7. Spinal stenosis.
8. Macroglossia.

**Past Surgical History:** He has a history of coronary artery bypass graft.

**Medications:** His medications at the present time include Lipitor 10 mg daily, folic acid one tablet twice a day, Singulair 10 mg daily, Neurontin 100 mg twice a day, aspirin 81 mg daily, Plavix 325 mg daily, Lasix 80 mg twice a day, Spiriva one tablet daily, Flomax 0.5 mg daily, albuterol prn.

Re: Matthew Ianniello

Physical Examination: Vital Signs: Blood pressure is 122/64. Heart rate is 68. Respirations are 16. He is afebrile. HEENT: Within normal limits. Lung: He has bilateral crackles and decreased breath at the bases. Heart: S1 and S2; regular in rate and rhythm. Abdomen: Soft, bowel sounds positive, nontender, and nondistended. Extremities: There is 1+ edema bilaterally.

Laboratory Data: His white count is 8.8, hemoglobin 13.3, hematocrit 38.1, platelet count is 248,000. Sodium is 142, potassium 4.3, chloride is 100, CO2 is 31, creatinine 1.3, BUN of 32, albumin is 4.2, triglyceride is 85, cholesterol is 157, PSA is 0.12, and hemoglobin A1c is 6.1.

Impression and Plan: An eighty-six year old male with a calculated creatinine clearance of 50 cc per minute, which indicates the kidneys are functioning at about 50% at this time. I have advised the patient on the importance of fluid restriction and establishing a dry weight of about 200 pounds. I asked him to stay on his low-salt diet and continue the Lasix as advised. I also advised him on the importance of continuing the Neurontin for the peripheral vascular disease. This is to explain the renal status on Matthew Ianniello.

If you have any questions, please do not hesitate to call me at 516-745-0500.

With warm regards,

  
Madhu Kottapati, M.D.

MK:mmm/vin/N 0821-313 5004 0000

*Matthew Ianniello 10212-016*  
**St. Francis Hospital Arrhythmia Center**  
 100 Port Washington Blvd.  
 Roslyn, NY 11576  
 Tel: 516-562-6646 Fax: 516-562-6671

Copyright © 2007 Medtronic, Inc.

Thursday, March 08, 2007

Matthew Ianniello  
 10 Tredwell Drive  
 Old Westbury, NY 11568

Dear Matthew,

Below is a schedule of your clinic visits and telephone pacemaker check dates.

If for any reason you are unable to keep a scheduled test date(s), please call us in advance to let us know.

**Clinic Visit Schedule:**

<del>Tuesday, May 08, 2007</del>	<del>11:45 am</del>
Tuesday, July 10, 2007	12:15 pm
Thursday, September 20, 2007	10:45 am

The frequency of telephone checks may have increased due to the age of your pacemaker. The older your pacemaker, the more frequent it will need to be checked. Please do not hesitate to contact us with any questions.

Arrhythmia Center

Manhattan Realty LLC

516-496-3533

P.2

**Dr. Sheldon Zuckerman**  
**Dr. Albert J. Ferrara**  
**Dr. Elizabeth G. Mirro**

1163 Stewart Avenue  
Suite 210  
Garden City, N.Y. 11530

Board Certified in Internal Medicine  
Diplomates of the American Board of Internal Medicine

Telephone: (516) 745-0303  
Fax: (516) 745-0588

August 18, 2006

RE: Matthew Ianniello

To Whom It May Concern:

Mr. Ianniello has been under my care since 1999. He suffers from a multiplicity of medical problems including Congestive Heart Failure, Coronary Artery Disease, Severe Bronchial Asthma, Diabetes Mellitus, Sleep Apnea, Prostate Cancer, Spinal Stenosis and Chronic Renal Failure. Mr. Ianniello has also received a triple by pass. His life expectancy, with his current ailments, is less than five years.

The complexity of his medical problems makes diagnosing and treating his deteriorating health extremely challenging. It is my opinion that, without care being given by physicians that are familiar with his case, his deterioration and death will be hastened.

Sincerely,



Albert Ferrara M.D.



Mar 23 2007 8:30AM HP LASERJET 3330

P. 1

03/22/2007 18:09 5165416398

R KLINGER

PAGE 02/02

RONALD KLINGER, M.D.\* AJAY MISRA, M.D.\*\* KENNETH CHAO, M.D.\*

\*DIPLOMATES OF THE AMERICAN BOARD OF NEUROLOGY  
\*\*DIPLOMATE OF THE AMERICAN BOARD OF ELECTRODIAGNOSTIC MEDICINE  
\*\*DIPLOMATE OF THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY

880 BROADWAY  
MASSAQUEUA, N.Y. 11758  
(516) 541-0300 FAX: (516) 541-6300

80 E. JERICHO TURNPIKE  
MINEOLA, N.Y. 11561  
(516) 747-0000 FAX: (516) 747-0059

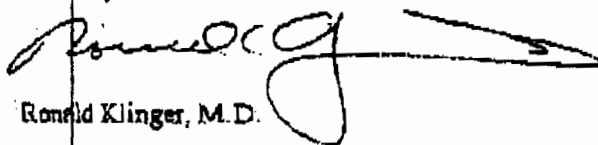
March 22, 2007

To Whom It May Concern:

Matthew Ianniello suffers from multiple medical problems, heart disease, HTN, high cholesterol, and asthma.

He also suffers from Dementia - ?mixed etiology - Vascular/Alzheimers.

Sincerely,



Ronald Klinger, M.D.

JOSEPH H. LEVINE, M.D., P.C.  
STEVEN M. GREENBERG, M.D.  
DAVID H. HOCH, M.D., PhD.  
STUART O. SCHECTER, M.D.  
VINOD JAYAM, M.D.

Cardiac Arrhythmia and Pacemaker Center  
St. Francis Hospital  
100 Port Washington Blvd., Roslyn, NY 11576

By Appointment  
Office: (516) 562-6672  
Fax: (516) 562-6671

March 8, 2007

Kaupin Brahmabhatt  
100 Port Washinton Blvd  
Suite G3  
Roslyn, NY 11576

RE: Ianniello, Matthew

Dear Dr. Brahmabhatt:

I had the pleasure of seeing Mr. Matthew Ianniello for followup evaluation. He is a gentleman with a history of syncope, CAD, palpitations, and bradycardia. He is status post pacemaker placement and here for follow up care. Mr. Ianniello is stable without chest pain, shortness of breath, or presyncope.

**PHYSICAL EXAMINATION:** Blood pressure was 142/70. Cardiac rate and rhythm were regular. Normal S1 and S2. Lungs were clear bilaterally. Pocket site was well healed.

**PACEMAKER INTERROGATION:** He was placed at a 5816 single dual-chamber device. R-wave was 12. P-wave was 0.4. Capture threshold is less than 1 volt in the ventricle and 1 volt in the atrium. He is reprogrammed to DDD at a rate of 60. Battery and lead status was appropriate.

**IMPRESSION:** Mr. Ianniello has done well. He is stable. He has:

1. Palpitations.
2. Presyncope.
3. History of coronary artery disease.
4. Bradycardia with appropriate pacemaker functioning.

He will continue to follow up here for TTM and threshold testing and follow up with you for all further care.

RE: Ianniello, Matthew  
03/08/2007  
Page 2 of 2

Again, I would like to thank you for allowing me to take part in his care. If I can be of any further assistance, please do not hesitate to contact me at anytime whatsoever.

Sincerely,

Steven M Greenberg, MD  
Cardiac Arrhythmia and Pacemaker Center  
SMG/cb  
Job No.:000068514 Doc No.:815802  
Dictated but not read

K 185

1-172 P. 003/003 F-087

Mar-23-07 01:42pm From-

12/13/2007 05:55 2128320859



# Pacemaker Monitoring

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**RAY**  
 CARDIAC  
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## Calendar Search

To locate patient calendars, please enter your search criteria in the fields below. To export your search to Microsoft Excel Click [Here](#)

<b>Patient Information</b> Patient Number: 325189 OR First Name: Last Name: OR Clinic ID:	<b>Date Range</b> Start Date: <input type="text"/> AND / OR End Date: <input type="text"/>
<b>Sort By</b> <input checked="" type="radio"/> Patient Name <input type="radio"/> Test Date	

Reset

Search

Patient Number	SSN	Patient Name	Clinic ID	Test Date
325189		IANNIELLO, MATTHEW		11/29/2007
325189		IANNIELLO, MATTHEW		01/24/2008
325189		IANNIELLO, MATTHEW		03/20/2008
325189		IANNIELLO, MATTHEW		05/15/2008
325189		IANNIELLO, MATTHEW		07/10/2008
325189		IANNIELLO, MATTHEW		09/04/2008

&lt;&lt; &lt; Previous Next &gt; &gt;&gt;



ST. FRANCIS HOSPITAL  
ROSLYN, NEW YORK

**OPERATIVE REPORT**

Ianniello, Matthew

MR#:0000922394 ACCT#:F0630400205

PT TYPE: FIP

D/C DATE:

**DATE:** 11/07/2006

**PREOPERATIVE DIAGNOSIS:** INFRANODAL BLOCK

**POSTOPERATIVE DIAGNOSIS:** SAME

**TITLE OF OPERATION:**

**SURGEON:** Steven M. Greenberg, MD

**ASSISTANTS:**

**ANESTHESIOLOGIST:**

**ANESTHESIA:** Local

**ESTIMATED BLOOD LOSS:** Minimal

**COMPLICATIONS:** None

**HISTORY:** The patient is a gentleman with a history of lightheadedness and presyncope. He underwent electrophysiologic studies, was found to have infranodal block and was referred for pacemaker placement.

**PROCEDURE:** On 11/7/06 the patient was brought to the Operating Room in the post-absorptive state. He was dressed and prepped in the usual sterile fashion.

After installation of local anesthesia with Lidocaine and epinephrine, a small 1.5 cm incision was made in the left infraclavicular fossa. A dissection was carried out to the level of the cephalic vein. It was cannulated using a #9 French sheath and a #7 French sheath and retained guide wire technique.

A St. Jude #1688T lead, Serial #JW108927 and #JR26364, were placed in position into the right ventricular apex and right atrial appendage, both of which was actively screwed in place via several clockwise turns of the screw mechanism. Both leads were affixed to the tissues utilizing #0 Tycron sutures tied around the plastic sleeve supplied by the manufacturer and the following thresholds were obtained. Stimulation

PHYSICIAN SIGNATURE REQUIRED FOR AUTHENTICATION

Page 1 of 2

COPY FOR: Steven Greenberg, MD

*Handwritten signature: S. Greenberg*

*Handwritten number: 182*

Page: 017 R=96% ID: NICHOLAS KAIZER



ST. FRANCIS HOSPITAL  
ROSLYN, NEW YORK

DISCHARGE SUMMARY

Ianniello, Matthew  
MR#0000922394  
ACCT#F0630400205  
ADM: 11/06/2006 DIS: 11/09/2006  
PT. TYPE: FIP

**HISTORY:** The patient is a gentleman with history of presyncope, CAD, bifascicular block. He underwent electrophysiologic studies and found to have conduction system disease. He had placement of permanent pacemaker, this was uneventful. He was watched in the hospital and discharged to home.

**DISCHARGE MEDICATIONS:** Unchanged from admission and included Folic, Lipitor, Plavix, Lasix, aspirin, benazepril, Advair, Spiriva, and albuterol.

The risks, benefits, alternatives, and limitations to this approach were discussed with him. He is to follow up with Dr. Bradley Sporkin for all further care and evaluation. He did have an elevated CO<sub>2</sub>, BUN and glucose that was all to be repeated as an outpatient, this was discussed with the patient and his family. He is overall stable for discharge to followup as an outpatient. He had a calcific density noted in his right upperlobe. I did call pulmonary and asked them to evaluate this, to discharge him following this.

**PRINCIPAL DIAGNOSES:** Conduction disease and heart block.

**PROCEDURES:** Electrophysiologic study and permanent pacemaker.

Steven Greenberg, MD

D: 11/09/2006 7:44 A Job #000045477  
T: 11/11/2006 8:26 A cb Doc #773544  
cc: Steven Greenberg, MD

PHYSICIAN SIGNATURE REQUIRED FOR AUTHENTICATION  
COPY FOR: Steven Greenberg, MD

Page 1 of 1

182

J

MATTHEW LANNIELLO  
10212-016

- A. March 31, 2005 – Dr. Toonkel to Dr. Kurzer Re: Prostate Cancer Seeding
- B. April 18, 2005 – Dr. Cassis Medical Report
- C. April 21, 2005 – Dr. Toonkel – Followup to Dr. Kurzer
- D. September 19, 2005 – Dr. Ferrara Medical Report
- E. August 8, 2006 – Dr. Glasser Medical Report
- F. August 11, 2006 – Dr. Sporkin Medical Report
- G. August 18, 2006 – Dr. Ferrara Medical Report
- H. August 21, 2006 – Dr. Korrapati Medical Report
- I. September 18, 2006 – Dr. Cassis Medical Report
- J. November 9, 2006 – Dr. Greenberg St. Francis Re: Pacemaker
- K. March 8, 2007 – Dr. Greenberg Medical Report
- L. March 22, 2007 – Dr. Klinger Medical Report
- M. April 10, 2007 – Dr. Ferrara – Medical History and Medications

N. MARCH 26, 2007- DR. SPORKIN  
MEDICAL REPORT

From: DR DI PIETRO/DR CASSIS

3059934402

09/28/2006 10:12 #230 P.001/001

*file  
mario*



**DANIEL L. CASSIS, MD**  
1045 85th Street, Suite 100  
Bay Harbor Islands, FL 33154  
Telephone: (305) 883-4400  
Telecopy: (305) 883-4402

September 18, 2006

Re: Matthew Ianniello

To Whom It May Concern:

This is to certify that Mr. Ianniello has been a patient of mine for many years. He has a severe cardiovascular condition requiring coronary artery bypass surgery in the past. He has a severe chronic obstructive lung disease with recurrent asthmatic bronchitis. He also has severe spinal cord problems that has been secondary to spinal stenosis and has been seen by many neurosurgeons for this in the past.

The patient needs to be in a warm hospital type environment as he needs to have frequent monitoring of his condition by pulmonary and cardiovascular physicians.

If any further information is needed, or any hospital records are needed, please contact us at any time.

Sincerely,

**Daniel L. Cassis, M.D., FACC**  
Former President of Miami Heart Institute Medical Staff  
Former President of American Heart Association of Dade and Monroe County.  
Clinical Social Professor, University of Miami.

*I 181*



Cardiovascular Medical Associates, P.C.

975 Stewart Avenue • Garden City, New York 11530-4831 • (516) 222-8620 • Fax: (516) 745-5485

August 11, 2006

Jay Goldberg, Attorney at Law  
250 Park Avenue, 20th Floor  
New York, NY 10177

RE: Matthew Ianniello

Dear Sir:

As formally requested by Mr. Ianniello on August 10 I have been asked to comment on his present clinical cardiovascular status. As you are aware we are following this patient in regard to cardiovascular issues only.

Mr. Ianniello underwent coronary bypass grafting in August of 2000 by Dr. Lomandola at St. Francis Hospital. Since that time he has had intermittent periods of cardiopulmonary instability but progressive exercise limitation and ongoing pulmonary problems. In 2003 we had seen the patient at Winthrop University Hospital because of what was felt to be new onset congestive heart failure. He subsequently underwent invasive study of St. Francis Hospital. Although that study did not include a right heart catheterization, there was evidence of graft patency but elements of left ventricular dysfunction and diastolic heart failure. With aggressive diuresis and drug therapy he stabilized. Since that time he has had requirements for close attention to fluid, renal insufficiency, pulmonary dysfunction, but no elements of angina pectoris or profound heart failure.

Subsequent non-invasive cardiovascular studies within the last one to two years again confirm the fact that indeed there is moderately severe exercise limitation by virtue of limited cardiac work performed on a bicycle ergometry format, and continued concerns in regard to electrical conduction pathology as well as right heart disease with pulmonary hypertension. This is manifested by Mr. Ianniello demonstrating intermittent periods of fluid retention and overall exercise and aerobics limitation.

Although on most recent visit he shows clinical stability he has somewhat tenuous cardiovascular abnormalities that will continue to require follow-up. Therefore, although Mr. Ianniello is able to carry out his activities of day-to-day living, there is continued potential cardiovascular and cardiopulmonary decline and requirements for follow-up monitoring and observation.

This patient also has follow-up scheduled with his medical physician, Dr. Albert Ferrara and

**E** 134



LaNew Ianniello

Reg# 10212-016

ow Security Correctional Inst.

P.O. Box

Letter

SYRACUSE, NY 132

MAR 24

N.C.P.M. 27509

2008

SYRACUSE, NY 132

MAR 24

PM

2008

This was received  
today in the  
Northern District  
It belongs in your  
district. Thanks  
Lyn Welch  
Deputy Clerk

Clerk of Court  
U.S. District Court  
Federal Building  
P.O. Box 7367  
100 S. Clinton Street  
Syracuse, N.Y. 13261-7367

